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CONFIRMATION NO. 2724

<b>SERIAL NUMBER</b> 10/681,033	<b>FILING OR 371(c) DATE</b> 10/07/2003 <b>RULE</b>	<b>CLASS</b> 324	<b>GROUP ART UNIT</b> 2862	<b>ATTORNEY DOCKET NO.</b> MED/US-51
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/440,697 01/17/2003 and claims benefit of 60/489,250 07/22/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

01/06/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>BL</i> Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 48	<b>INDEPENDENT CLAIMS</b> 4
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**ADDRESS**

22875

**TITLE**

Magnetic resonance imaging screening method and apparatus

<b>FILING FEE RECEIVED</b> 1490	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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